TREATMENT OF ERYSIPELAS.

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According to the latest researches, erysipelas has by no means a sharp and well-defined etiology, but is a disease which is caused by various organisms. Klemm[1] found that erysipelas and the deep-seated phlegmon are caused by the same streptococcus. His investigations have shown that a constant purulent discharge from any source, containing any streptococci, is liable to produce erysipelas; hence, such patients should be isolated. So, for instance, eleven cases of erysipelas were caused by the purulent discharge of otitis media, existing in a boy who was a patient under the most hygienic surroundings in a hospital. Other cases of erysipelas were caused in the same hospital by a case of osteomyelitis; in both cases streptococci were found in the pus. After their isolation, no more cases of erysipelas occurred. Jordan[2] found that erysipelas is caused not alone by the streptococcus, but also by the staphylococcus aureus, pneumococcus, bacillus typhoideus and bacterium coli. The infective organism causes first a serous exudate which may assume a purulent character; necrosis of tissue may take place, particularly in such structures which are subjected to pressure by fascia and in lymph nodes. Erysipelas in its uncomplicated state is not very contagious, as the source of infection rarely, and only under the most favorable conditions enters the outside air; hence, we do not need to be over-anxious to isolate our patients. The course of the disease can never be predicted, as light cases may assume a serious aspect and vice versa. Cases commencing with high temperatures, rapid pulse, and involving a large area, are usually of a more serious nature. With these introductory remarks I wish to say a few words on the modern therapeutics of erysipelas.

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1. Mitteil. aus den Grenzgeb. der Medizin und Chirurgie Bd VIII Heft 3.
2. Münchener Mediz. Wochenschrift 1901 No. 35.

The etiology not being well defined, the treatment has been empirical and symptomatic, adapted to the locality, intensity, and form of the disease. In the empirical treatment of any disease, one will consider such treatment the best with which we have gained the best results; hence, it is improper to speak under these circumstances of "established" treatment. We are all subjected to autosuggestion, and a great deal of personal equation enters into our observations; hence, the fallacy of many statistics, all of which have to be taken "cum grano salis." Pollatschek[3] publishes his experience of the treatment of 300 cases of erysipelas. He used a number of therapeutic agents in the treatment of the disease, and as the best method he found frequent appplications of a solution of aluminium acetate in the acute stage, and, after all acute symptoms have subsided, he advises the use of borated vaselin. This method he found superior to mesotan which caused frequently an acute eczema. He also used intravenous injections of collargol and the red-light treatment of Finsen. The latter method showed no advantages whatsoever. Another therapeutic agent which he used was anaesthesin (Ritsert); it relieves the pain, but it is not a cure for the affection. Pollatschek had 4.6 per cent. deaths in 300 cases.

Max Jerusalem[4] recommended the thermophor which, apparently, did not come into much use, and the same can be said of Kraske's method, multiple scarifications or incisions around the border line of the affected area and rubbing into these a 1:1000 solution of bichloride of mercury. A. de Martigny[5] and Wm. Murell[6] recommend Marmorek's serum. The recommendation and use of all these therapeutic agents demonstrate conclusively the fact that we are still looking for a specific treatment of erysipelas; we have yet no antidote, no antitoxin, no remedy, that will stop the disease suddenly; erysipelas will run its course; all we can do is to beneficially influence the affection, in relieving distressing symptoms and to keep up the patient's general condition.

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3. Pollatschek Therapie der Gegenwart 1903 No. 11.

4. 73. Versammlung der Naturforscher und Aerzte. Hamburg.

5. Montreal Medical Journal, November, 1899.

6. Lancet, June 24, 1899.

In the following lines I will briefly state my experience in the treatment of the disease: I have used the alcohol treatment, Unguentum Hydrargyri, the iodine treatment in the form of tincture of iodine, compound tincture of iodine and the compound iodine ointment; I also used liquor Burowi (alumin, acetate). Unguentum Credé, borated and carbolated vaselin, etc. However, I have obtained my best results with the method which I hereby describe:

The affected surface is first washed with pure alcohol, after which an ice-cold, diluted solution of subacetate of lead, to which Tinctura Opii is added in the proportion of 1 oz. to a pint, is constantly applied. The affected surface is kept constantly moist by these applications, which have the advantage of relieving the pain considerably. If very large quantities of the above solution are required, and in the practice among the poor, I am in the habit of prescribing it as follows:

Rp. Liq. Plumbi Subacetat.
Tinctura Opii, āā partes æquales.

Two tablespoonfuls of this mixture to one pint of water will answer our purpose. After all acute symptoms have subsided, ichthyol is applied to the affected surface in the form of an ointment, 10-50 per cent., the basis of which is Adeps Lanae. I prefer woolfat as a basis of an ointment for the following reasons: It is neutral in its reaction; does not contain any fatty acid, nor any compound which will produce a fatty acid; allows an easy and rapid penetration of the medicament into the skin, and it is not readily affected by chemical change. It is well known that the older ointment bases, such as lard, unguentum simplex, vaselin, oleates, oils, or other greasy materials, are inferior to lanolin, as they often irritate the skin, and the absorption of the medicament, which they contain, takes place rather slowly.

In the internal treatment of the disease, salol in powder has been of the best service to me. In addition to this treatment, some severe cases may require the use of stimulants for cardiac depression, hydrotherapeutics for hyperpyrexia, while necrosis and suppuration may require surgical interference.

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